

one
2/14/00

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 25 | 857 | 09/14/00 |
| RESPONSE FORMALITY REVIEW | SK | 807 | 3-16-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | ✓ |
| 2 | ✓ | ✓ | ✓ |
| 3 | ✓ | ✓ | ✓ |
| 4 | ✓ | ✓ | ✓ |
| 5 | ✓ | ✓ | ✓ |
| 6 | ✓ | ✓ | ✓ |
| 7 | ✓ | ✓ | ✓ |
| 8 | ✓ | ✓ | ✓ |
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| 11 | ✓ | ✓ | ✓ |
| 12 | ✓ | ✓ | ✓ |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)